



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>O.H. METALS</b>				Location <b>1002 OSWEGO ST. UTICA</b>		Date <b>1-2-87</b>																	
Facility Equipment	Detax Clock No.	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>GATE TRAILER KEYS</b>																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Kenneth Felix</b>			Officer—Swing Shift (Name) <b>Robert Dealing</b>			Officer—Grave Shift (Name) <b>Phil Chuff</b>																
			Shift Began <b>8 AM</b> Ended <b>4 AM</b>			Shift Began <b>4 AM</b> Ended <b>12 mid.</b>			Shift Began <b>12 mid.</b> Ended <b>8:00 PM</b>																
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation												
Rounds or stations missed		✓					✓					✓													
Unlocked doors, gates or windows		✓					✓					✓													
Unlocked vaults or safes		✓					✓					✓													
Fire-smoke-or hazards		✓					✓					✓													
1. Extinguishers missing or defective		✓					✓					✓													
2. Sprinkler system defective		✓					✓					✓													
3. Fire doors or exits blocked		✓					✓					✓													
4. Rubbish accumulation		✓					✓					✓													
5. Motors running		✓					✓					✓													
6. Lights left burning		✓					✓					✓													
Injury hazards			<b>2 trencher Funnels &amp; blocks</b>				✓					✓													
Visitors	✓		<b>Rigged 2 men to park</b>				✓					✓													
Trespassing		✓	<b>up part to 2nd</b>				✓					✓													
Violation of company rules		✓	<b>very minor case ok</b>				✓					✓													
Remarks <b>VISUAL CHECK MADE OF BLDG PERIMETER EVERY HR. (PC)</b> <b>Visual check made of bldg perimeter every hr (X.F.) Rig call is out now.</b> <b>Funnels said they will be done today, we are waiting for Niagara Mohawk (PC)</b> <b>visual check made of bldg perimeter every hr (RD)</b>																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
				<b>Kenneth Felix</b>								<b>Robert Dealing</b>								<b>Phil Chuff</b>					
Signatures		2.								2.								2.							
Signatures		3.								3.								3.							

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